

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
-	(Through numeral)...	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

Claim		Date
Final	Original	
1	1/10/02	
2	1/10/02	
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10	✓	
11	✓	
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28	✓	
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38	✓	
39	✓	
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44	✓	
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Claim		Date
Final	Original	
51	1/10/02	
52	✓	
53	✓	
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58	✓	
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67	✓	
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Claim		Date
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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